



# Fargo

April 22, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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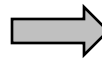
"We need to redefine the way we think of health care in the US to include education, prevention, and personal responsibilities." The participants at the Fargo Community Meeting on April 22, 2006, sought to define the term "health care" broadly, often bringing the topics of transportation and education into their discussions.

There were many young adults present at this meeting and they expressed a clear desire to address the health care needs of children and students. Participants suggested a proposal for a "school based health care promotion program for K-12," that received widespread support. Later in the meeting, this suggestion was modified to also include health care promotion in the workplace.

Due to the difficulties faced by people living in rural areas, participants strongly supported efforts that would provide primary health care access to everyone.



Kansas City, Missouri  
Orlando, Florida  
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Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
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Providence, Rhode Island  
Miami, Florida  
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Detroit, Michigan  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
Philadelphia, Pennsylvania  
Las Vegas, Nevada  
Sacramento, California  
San Antonio, Texas  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota



## SESSION FINDINGS

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### **Values**

*"I feel like we are only as good as our weakest link, and so many people can't afford health care."*

Almost all of the participants at the Fargo meeting agreed that the United States health care system is in a state of crisis or has major problems. They further agreed that it should be public policy that all Americans have affordable health care coverage.

When asked about the values that a health care system should be based on, participants prioritized access to affordable, equitable and understandable care. They strongly emphasized the importance of broadening the way society thinks of health care and the need to "redefine health care to include prevention, education and personal responsibility."

### **Benefits**

This group had strong opinions on what was the best way to provide health care coverage. Three quarters of participants preferred a health care system that provided a defined level of services for everyone. They again emphasized the need for all individuals, particularly students, to have access to health care. Seventy-four percent of Fargo meeting participants believed that everyone should be required to enroll in basic health care coverage, either private or public.

### **Getting Health Care**

*"It used to be that on a farm, employers would offer health care to their employees as an incentive to keep them. But they can't afford to do that anymore. Farmers are self employed and we are being priced out of the system- not to mention that we still have to drive for hours to get any care."*

Participants said that "affordability, accessibility, availability, and acceptability" characterized their difficulties in getting health care. Individuals expressed frustration with both financial and geographical barriers to care. Frequently, participants mentioned the long distances they travel for basic health care and the even longer commutes for access to specialists.

There was a strong opinion about returning to patient-centered care, where the patient is part of the decision-making process and decisions are made independently of insurance companies. Students at the meeting spoke about the "gap between being a student covered by parents to not being covered at all" and their anxiety about what would happen if they were in an accident or became ill. Individuals identified problems with "defensive medicine" and doctors giving people "too many tests because they are afraid of being sued."

The discussion about challenges in getting health care also exposed concerns about the results of moving away from a market based system, particularly on the issue of quality of care. In the words of one participant: "In a competition - what happens?"



It challenges people to get better. You strive to be the winner. If it's non-competitive and the government does it, well where does that leave us?"

When asked about the responsibilities of individuals and families in the health care system, participants highlighted the importance of becoming informed and involved in their own care, while expressing their willingness to pay for that care. Over half of participants favored paying a percentage of their income for health care. Some wanted to pay a percentage of their income into a pool for basic health coverage as a part of a system with healthy lifestyle incentives (35 percent). Others wanted to base premiums on a percentage of income. Participants also suggested using a sliding fee scale based on income to pay for necessary procedures, having employers match a percentage of employee income to invest in a health savings account, and having a standard rate with a co-pay based on usage to offer an incentive to not overuse care.

Conflicting views were expressed about incentives for healthy behaviors. On one hand, people were concerned about being in a health care pool of people who have no incentive to take care of themselves. Others thought that a person's well-being should be incentive enough: "If there was an incentive for me to not smoke - I'm actually offended by the concept that I should have an incentive to take care of myself. It should be that because I own it, I take care of it."

## ***Financing***

Participants suggested "school based health promotion programs from K-12" as their preferred way of reducing health care costs. They then modified that statement to say "school and work-based health and health and health promotion programs" to include employer based programs. The group's second priority for cost reduction was to focus on chronic disease management and prevention.

North Dakotans also favored publicizing the "true costs" of health care by producing price and quality lists for providers, to improve competition. Participants wanted to see a variety of health care providers being used, rather than relying solely on physicians. Other participant ideas to reduce costs included: stop futile health care efforts, especially at the end of life; reduce the influence of special interests groups in health care; get rid of pharmaceutical advertising to consumers; reform malpractice insurance; and, eliminate repetitive testing of the same symptoms.

The majority of Fargo participants felt that everyone should be required to enroll in basic health care coverage, either public or private (74 percent). Most of the group thought some people should pay more for health care than others. A clear majority felt the decision about who should pay more should be based on a combination of family size, health behaviors and income, or other criteria.

Less than half of the participants (44 percent) thought that public policy should continue to use tax rules to encourage employer based health insurance.

## ***Tradeoffs***

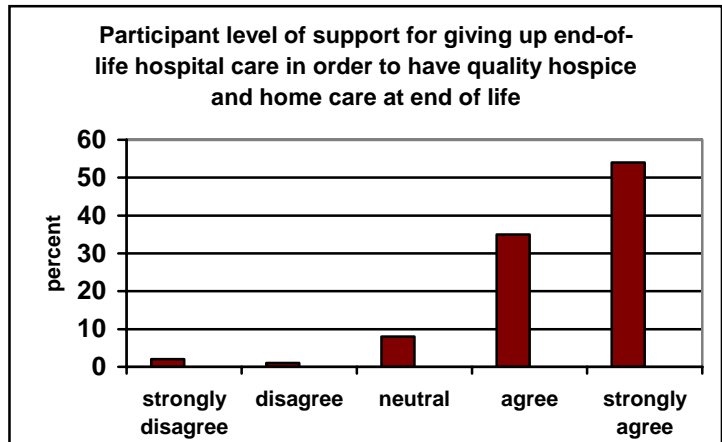
*"I'd be willing to pay more if I knew that everyone would be entitled to care - that wouldn't bother me a bit. And you know, I'm strapped right now. But if I personally needed to pay more for that to happen, I would find a way."*

Participants generated a diverse list of trade-offs that they would be willing to make in order to have health care that works for all Americans. They recognized the high costs of many end of life treatments, and expressed a preference for individuals to be able to choose low cost approaches, such as home or hospice care, in their last years of life (89 percent). They expressed support for utilizing generic drugs, rather than brand name pharmaceuticals (83 percent). Many participants (82 percent) agreed that mandatory seat belts and helmet laws could reduce health care costs by preventing severe injuries.

The majority of participants were willing to give up some proximity and choice in other health care specialties in exchange for quality universal primary health care. Over half of the participants agreed that they would be willing to pay more in state taxes in exchange for “mandated healthy physical education programs and increased education on healthy lifestyles.” A similar percent of participants supported paying a small tax to provide free or discounted health care for students.

Forty-eight percent of the room supported a proposal to trade a percentage of the federal budget that goes to foreign aid, space education, defense, and the arts and reallocate those funds into a health care program.

While actively engaging in this discussion, participants pointed out that “costs have to be brought under the control of the general public before we can be asked to make sacrifices.” Over half of participants expressed their views that until the public is in control of health care costs, they should not be asked to make trade-offs.



The number one federal spending priority for participants was “guaranteeing that all Americans have health care coverage.” They also emphasized the importance of investing in public health programs to prevent disease, promote healthy lifestyles and protect the public. There was strong support for the creation of a national health insurance program, financed by taxpayers, in which all Americans would get health care.

## METHODOLOGY

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The meeting format was a combination of table-level discussions and full audience involvement. Attendees to this meeting participated in table-level discussions (10 participants per table), assisted by the table facilitator, and reported their findings to the entire audience. The attendees also participated in moderated discussions involving the larger group and expressed their opinions electronically through keypads during survey questions. During the full group discussions, key points raised by individuals and tables were compiled and displayed on the screens. Participants then used their key pads to answer questions and the results were displayed as received. Key findings from these instant polls formed the basis for additional full group discussion. Complete polling data from this meeting is available at [www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register) by selecting "Fargo."

## PARTICIPATION

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On April 22, 2006, over 200 people from the Fargo area gathered from 10:00 am to 2:30 pm to share their thoughts on health care, at the Holiday Inn Fargo. Thanks largely to students at North Dakota University, a third of the participants were under 25 years of age.

Deb Stehr represented The Citizens Health Care Working Group at the meeting. Hosted by the Community Healthcare Association of the Dakotas, and the Dakota Medical Foundation, this meeting brought together a good representation of the Fargo community. Senator Dorgan and Senator Conrad sent letters of appreciation and encouragement to the participants at the event. Janet Fiero of *AmericaSpeaks* moderated the meeting.

## DATA

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### What is your gender?

65.5%	Female
34.5%	Male

### What is your age?

32.1%	Under 25
16.1%	25 to 44
42.9%	45 to 64
8.9%	Over 65

### Are you Hispanic or Latino?

0.9%	Hispanic/Latino
99.1%	Non-Hispanic/Latino

### What is your racial background?

1.8%	African American / Black
0.0%	Asian
91.1%	Caucasian / White
3.6%	Native American / Alaska Native
0.0%	Native Hawaiian / Pacific Islander
1.8%	Multi-racial
0.0%	Other racial background

### What is your educational background?

0.0%	Elementary (grades 1 to 8)
0.0%	Some high school
5.4%	High school graduate or GED
33.9%	Some college
3.6%	Associate Degree
29.5%	Bachelor's Degree
27.7%	Graduate or professional degree
0.0%	Decline to answer

### What is your current employment status?

9.8%	Self-employed
43.8%	Employed - working full time
26.8%	Employed - working part-time
8.0%	Not employed / currently looking for work
2.7%	Homemaker
8.9%	Other / Retired

**What is your primary source of health care coverage?**

59.3%	Employer-based insurance
8.0%	Self-purchased insurance
10.6%	Medicare
0.9%	Medicaid
0.9%	Veterans'
4.4%	Other
5.3%	None
10.6%	Not sure

**Which one of these statements do you think best describes the U.S. health care system today?**

35.7%	It is in a major state of crisis
51.8%	It has major problems
10.7%	It has minor problems
0.0%	It does not have any problems
1.8%	No opinion

**Should it be public policy that all Americans have affordable health care coverage?**

89.4%	Yes
10.6%	No

**Which value is most fundamental to our health care system?**

21.0%	Include prevention, education, & personal responsibility
19.0%	Affordable, equitable access to healthcare
9.0%	Universal coverage and access
17.0%	Access, affordable, & understandable
10.0%	Correlate low-risk behavior with cost incentives
2.0%	Sexual & reproductive healthcare for everyone across lifespan
4.0%	Healthcare to work for common good & public dignity
5.0%	Increase quality, more patient focused
13.0%	Healthcare is a right, not a privilege
0.0%	Healthcare that is culturally relevant

**Which of these models would be the better way to provide coverage?**

23.3%	Particular groups of people
76.7%	Defined level of services for everyone



**Which these difficulties in getting health care is most important to address?**

3.7%	Poor coverage by insurance agencies for major illnesses
21.5%	Accessibility, both geographical and financial
0.9%	72 mile average commute
0.9%	Simplify drug dispensing – fewer pills
0.0%	Waiting to get an appointment
6.5%	Understandability of health care insurance
37.4%	Affordability, accessibility, availability, acceptability
11.2%	Gap between being a student covered by parents to not being covered at all
1.9%	Poor access to dental care
15.9%	Decisions in health care independent of insurance

**What should the responsibility of individuals and families be in financing health care?**

4.6%	Standard rate with a co-pay based on usage including a wellness incentive
16.5%	Premiums based on percentage of earned income
34.9%	% of gross income to pool for basic health coverage with lifestyle incentives
0.9%	Access health savings accounts
14.7%	Become informed and involved in decisions about health care and wellness
4.6%	System for correlating quality and cost
3.7%	Patients pay for utilization to prevent over-utilization
12.8%	Sliding fee scale based on income for procedures deemed necessary
6.4%	% of employee income matched by employer for health care savings account
0.9%	Safety net for people underinsured

**Which of these is the best way to reduce costs?**

3.9%	Eliminate pharmaceutical advertising to consumers
18.4%	Chronic disease mgmt ....and prevention
7.8%	No futile efforts, especially at end-of-life
4.9%	Address special interest groups influence on rising costs
1.9%	More emphasis on prevention: decrease obesity, increase exercise
8.7%	Eliminate repetitive testing of same symptoms
29.1%	Work-based, school-based health promotion programs-education, including grades K-12
8.7%	Tiered-system of health care providers
4.9%	Malpractice insurance/tort reform
11.7%	Produce price & quality list for providers to improve competition

**Should everyone be required to enroll in basic health care coverage - either private or public?**

73.6%	Yes
26.4%	No

**Should some people be responsible for paying more for health care coverage than others?**

5.7%	No – everyone should pay the same
0.9%	Yes – based on family size
11.3%	Yes – based on health behaviors
20.8%	Yes – based on income
61.3%	Yes – based on other criteria or a combination of the above

**Should public policy continue to use tax rules to encourage employer-based health insurance?**

44.2%	Yes
28.8%	No
26.9%	Abstain

**Please indicate your level of support for this trade-off: Pay more state-taxes for more state-mandated programs for health education and physical education**

9.2%	Strongly Disagree
18.4%	Disagree
19.4%	Neutral
39.8%	Agree
13.3%	Strongly Agree

**Please indicate your level of support for this trade-off: Give up percentage of federal budget for line-items like space exploration, foreign aid, defense spending, and the art and reallocate it to health care fund**

14.9%	Strongly Disagree
25.5%	Disagree
11.7%	Neutral
33.0%	Agree
14.9%	Strongly Agree

**Please indicate your level of support for this trade-off: Give up proximity and choice for specialty kinds of services for better quality universal primary care**

14.6%	Strongly Disagree
14.6%	Disagree
6.7%	Neutral
40.4%	Agree
23.6%	Strongly Agree

**Please indicate your level of support for this trade-off: Limit coverage to only legal residents of the US in order to get access to affordable quality health care services**

27.2%	Strongly Disagree
20.7%	Disagree
16.3%	Neutral
14.1%	Agree
21.7%	Strongly Agree

**Please indicate your level of support for this trade-off: Pay minimum of \$30 deducted from paycheck in order to have basic health insurance**

12.6%	Strongly Disagree
23.2%	Disagree
32.6%	Neutral
15.8%	Agree
15.8%	Strongly Agree

**Please indicate your level of support for this trade-off: Give up name brand drugs for generic drugs**

3.0%	Strongly Disagree
5.0%	Disagree
8.9%	Neutral
29.7%	Agree
53.5%	Strongly Agree

**Please indicate your level of support for this trade-off: Bring costs of health care under public control in order to make sacrifices**

8.0%	Strongly Disagree
4.0%	Disagree
25.0%	Neutral
28.0%	Agree
35.0%	Strongly Agree

**Please indicate your level of support for this trade-off: Give up end-of-life hospital care in order to have quality hospice and home care at end of life**

2.0%	Strongly Disagree
1.0%	Disagree
8.1%	Neutral
35.4%	Agree
53.5%	Strongly Agree

**Please indicate your level of support for this trade-off: Add small tax on wages for free or discounted insurance for students**

12.2%	Strongly Disagree
15.3%	Disagree
14.3%	Neutral
36.7%	Agree
21.4%	Strongly Agree

**Please indicate your level of support for this trade-off: Free pre-natal care and nutrition for all women in exchange for premature care for very premature children**

28.0%	Strongly Disagree
17.0%	Disagree
21.0%	Neutral
20.0%	Agree
14.0%	Strongly Agree

**Please indicate your level of support for this trade-off: Mandatory seat belt and helmet laws in order to lower health care costs**

6.8%	Strongly Disagree
5.5%	Disagree
5.5%	Neutral
23.3%	Agree
58.9%	Strongly Agree

**Which is your first priority?**

- 6.3%      Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 28.1%    Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 42.7%    Guaranteeing that all Americans have health coverage
- 1.0%      Funding the development of computerized health information to improve the quality and efficiency of health care
- 1.0%      Funding programs that help eliminate problems in access to or quality of care for minorities
- 4.2%      Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 13.5%    Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 3.1%      Preserving Medicare and Medicaid

**Which is your second priority?**

- 13.0%    Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 39.0%    Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 11.0%    Guaranteeing that all Americans have health coverage
- 8.0%      Funding the development of computerized health information to improve the quality and efficiency of health care
- 2.0%      Funding programs that help eliminate problems in access to or quality of care for minorities
- 7.0%      Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 13.0%    Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 7.0%      Preserving Medicare and Medicaid

**Which is your third priority?**

- 18.4%    Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 11.2%    Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 8.2%      Guaranteeing that all Americans have health coverage
- 8.2%      Funding the development of computerized health information to improve the quality and efficiency of health care
- 10.2%    Funding programs that help eliminate problems in access to or quality of care for minorities
- 9.2%      Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 26.5%    Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 8.2%      Preserving Medicare and Medicaid

**How much more would you be willing to pay a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

11.0%	\$0
16.0%	\$1 – \$99
30.0%	\$100 – \$299
16.0%	\$300 – \$999
13.0%	\$1,000 or more
14.0%	Don't Know

**Which is most important to you?**

9.9%	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.
7.7%	Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance.
7.7%	Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices.
5.5%	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.
12.1%	Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families.
4.4%	Require businesses to offer health insurance to their employees.
3.3%	Expand neighborhood health clinics.
34.1%	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
9.9%	Require that all Americans enroll in basic health care coverage, either private or public.
5.5%	Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

**Which is next most important to you?**

8.2%	Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own.
15.3%	Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance.
10.2%	Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices.
10.2%	Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program.
9.2%	Expand current tax incentives available to employers and their employees to encourage employers to offer insurance to more workers and families.
4.1%	Require businesses to offer health insurance to their employees.
3.1%	Expand neighborhood health clinics.
10.2%	Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance.
27.6%	Require that all Americans enroll in basic health care coverage, either private or public.
2.0%	Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage.

**Did you learn anything new?**

95.1%	Yes
4.9%	No

**Have your opinions changed at all since you walked in this room?**

13.0%	Not at all
44.0%	A little bit
35.0%	Some
8.0%	A lot

**Overall, how do you rate today's meeting?**

0.0%	Very poor
0.0%	Poor
8.9%	Okay
41.6%	Good
49.5%	Excellent



## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrq.hhs.gov](mailto:jessica.federer@ahrq.hhs.gov).